FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est, time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informa	tion.																
Name and Mailing Address	of Re	spondent															
Nsight Spectrum												Check here if this					
450 Security Blvd.													is a change of address.				
Green Bay, WI 543	13													addi	ess.		
2. Year Report Filed			3. Reporting	Period (Endi	no Date of Pa	v		4. Number o	f Full-Time Em	nolovees duri	na Selected						
			Period Co	vered by Rep	ort)	,		Reporting	Period (check								
2017			May					a. 7 Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Emplo	vees	•	<u> </u>					<u> </u>	(
								Num	ber of Employ	yees							
].	(Report employees in only one category)															
Job Categories			Race/Ethnicity														
	ſ		inic or tino	Not-Hispanic or Latino												Total	
		La				Ma	le						Columns A - N				
		Male	Female	White	Black or	Native	Asian	American	Two or more	White	Black or	Native	Asian	American	Two or more		
					African American	Hawaiian or Other		Indian or Alaska	races		African American	Hawaiian or Other		Indian or Alaska	races		
					American	Pacific		Native			Atticitodii	Pacific		Native			
	_					Islander						Islander					
		Α	В	С	D	E	F	G	Н	E .	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1				:					***						0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION III - Part-Time Employ	rees.															
		Number of Employees (Report employees in only one category)														
Job	Race/Ethnicity															
Categories	Hispanic or Latino		Not-Hispanic or Latino													
			Male									Female				
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1														0	
First/Mid-Level Officials and Managers 1.	2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL 1	1 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SECTION IV - Report of Discrim	nination Comp	laints Pursu	ant to 47 CFF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file fiduliber of other designation, and current states or disposition.) SECTION V - Certification																
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.																
	oped or Printed Susan Po		son Signing	Signature Telephone No. (920) 617-7012												
Title of Person Signing CHRO & VP of Hu	man Res	ources		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OF CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											EVOCATION	